PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/732,837			ing Date 11/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A	LD NO.	N/A		N/A	TEE (0)	i	N/A	TLE (0)	
	SEARCH FEE	JT (C))	N/A		N/A		N/A		1	N/A	i e	
H	(37 CFR 1.16(k), (i), (ii)		N/A	_	N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), (FAL CLAIMS	(p) 10	minus 20 =				x \$ =		OR	x s =		
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *			ı	x s =		l on	x s =		
(37	CFR 1.16(h))	If the	If the specification and dra		ns exceed 100	ı	~ *		ł	<u> </u>		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) SMA									OR		ER THAN	
AMENDMENT		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	1		ADDITIONAL			ADDITIONAL	
	10/31/2007	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	Total (37 CFR 1.18(i))	· 19	Minus	 26	= 0		X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	 3	= 0		X \$105 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1601)		Minus	**	=	i	x \$ =		OR	x s =		
Ž.	Independent (37 CFR 1,16(h))	*	Minus	***	-		x \$ =		OR	x \$ =		
Z I	Application Size Fee (37 CFR 1.16(s))]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Г									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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